



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
023070-130610US

In re Application of Potts, et al.

Application Number 09/759,815

Filed January 10, 2001

For THE DETECTION AND REMOVAL OF MICROORGANISM
CONTAMINATION

Group Art Unit
1627

Examiner
Ralph J. Gitomer

TECH CENTER 1600/2900

RECEIVED
JAN 30 2003

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|---|--------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1450 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 725 .

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 47,651 .

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

January 21, 2003

Date

Signature

Matthew E. Hinsch, Reg. No. 47,651

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

01/29/2003 WASFAW1 00000035 201430 09759815

01 FC:1254 1450.00 CH

01/29/2003 WASFAW1 00000035 09759815

01 FC:1254 1450.00 CH